

**CERTIFICATION APPLICATION - COMPANY
LEAD-BASED PAINT ACTIVITIES & INVESTIGATIONS**

Read information and instructions before completing form.

Under sections 254.115 and 250.041, Wis. Stats., an individual must provide his or her Social Security Number and a company must provide the company's Federal Employer Identification Number in order to be certified. This information will be used to deny or revoke certification of persons who are delinquent on payment of taxes or child support. All information on this form is subject to open records except for the Social Security Number.

- ☐ Initial Certification (must meet eligibility requirements)
☐ Renewal of Certification for DHFS Lead Company Certification Number:

COMPANY INFORMATION

Company Name

Federal Employer Identification No. (FEIN), or explain why company does not have one

Mailing Address

City State Zip+4

Records Address

City State Zip+4

Telephone No.

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Fax Telephone No.

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Cellular Telephone No.

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Pager Telephone No.

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Email Address

Tax Status ☐ For Profit ☐ Nonprofit

If issuing lead-free / lead-safe certificates, provide a name of a person to be the WALDO Access Administrator, who will have authority to grant / deny your staff access to enter data into the Wisconsin Asbestos Lead Database Online web site. Otherwise, provide the name of your company's primary contact person.

WALDO Access Administrator / Primary Contact Person

Email Address

Type of Company (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Construction / Renovation | <input type="checkbox"/> CAP / Weatherization | <input type="checkbox"/> Consultant - Lead | <input type="checkbox"/> Contractor - Lead |
| <input type="checkbox"/> Environmental / Abatement | <input type="checkbox"/> Government - Federal | <input type="checkbox"/> Government - Local Housing | <input type="checkbox"/> Housing - Non-Government |
| <input type="checkbox"/> Government - Local Public Health | <input type="checkbox"/> Government - Other Local Agency | <input type="checkbox"/> Government - Indian Tribe | <input type="checkbox"/> Government - Wisconsin State |
| <input type="checkbox"/> Government - Other State | <input type="checkbox"/> Industrial | <input type="checkbox"/> K-12 School | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Lead-Safe | <input type="checkbox"/> Painting | <input type="checkbox"/> Property Management | <input type="checkbox"/> Roofing Contractor |
| <input type="checkbox"/> Training Provider | <input type="checkbox"/> University / College | <input type="checkbox"/> Other - Describe | |

CERTIFICATION FEE

Enclose a check or money order payable to Department of Health and Family Services (DHFS), or indicate below that a state or local government fee exemption is requested.

- ☐ Lead Company certification fee enclosed - \$75.00
☐ State or local government fee exemption is requested

AFFIDAVIT OF APPLICANT

I state that I am an authorized representative of the company referred to on this application and that all the answers set forth are strictly true in each respect. I agree that this company will fulfill its responsibilities under s. HFS 163, Wis. Adm. Code, including employing or contracting with only appropriately certified persons to conduct or supervise lead-based paint activities. The company and its employees and subcontractors will comply with applicable federal, state, and local lead-based paint statutes, ordinances, rules or regulations, including work practice standards. I understand that false or forged statements made in connection with this application may be grounds for denial or revocation of certification or other disciplinary or legal action.

SIGNATURE - Authorized Representative

Date Signed (mm/dd/yy)

Name of Company

COMPANY OWNER(S) OR CORPORATE OFFICERS

| Name(s) | Title | Social Security No. | DHFS Certification No., if any |
|---------|-------|---------------------|--------------------------------|
|---------|-------|---------------------|--------------------------------|

LEAD DIRECTORY INFORMATION

Lead directories are provided as a service to persons seeking to hire someone to perform lead work.

- ☐ Include in lead contractor directory. (Must have staff certified Lead Abatement Supervisor.)
☐ Include in lead consultant directory. (Must have staff certified in a lead investigation discipline.)
☐ Include in lead-safe company directory.

CERTIFIED STAFF

List all staff currently certified by DHFS to perform lead-based paint activities or attach a separate list showing the required information.

Place a check mark under "Authorized Representative" for certified persons who are authorized to act on the company's behalf. Under s. HFS 163.12 (2) (d), Wis. Adm. Code, a company must have an owner, officer or authorized employee who demonstrates knowledge of applicable lead-based paint regulations and protocols. Knowledge may be demonstrated through certification as a Lead Abatement Supervisor, Hazard Investigator, Inspector, Project Designer, or Risk Assessor. When certification is not practicable, knowledge may be demonstrated by correctly completing and submitting a lead company regulatory work sheet.

| Name(s) | Discipline(s) | DHFS Certification No. | Authorized Representative |
|---------|---------------|------------------------|---------------------------|
| | | | <input type="checkbox"/> |
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If you have questions please call (608) 261-6876. If mailing, use the Mailing Address listed below. Applications may be hand delivered to the Street Address.

Return completed applications to:

Mailing Address

Department of Health and Family Services
Asbestos and Lead Section, Rm 137
P.O. Box 2659
Madison WI 53701-2659

Street Address

Department of Health and Family Services
Asbestos and Lead Section
One West Wilson Street, Room 137
Madison WI 53703